

Early Intervention Training Center
Competency Education Credit (CEC)

APPLICATION FORM FOR ORGANIZATIONS

SECTION 1: Application Cover Page (Required for all applicants)

A. Applicant Information:

Applicant Name: _____

Agency Name: _____

Address: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

B. Contact Information: (Contact person will receive all mail and email correspondence as well as phone calls. Complete if information is different than applicant information.)

Contact Person: _____

Agency Name: _____

Address: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

C. Application Type:

- ☐ Single Workshop ➡ ☐ new offering ☐ renewal (CEC assignment #_____)
☐ Distance Learning ➡ ☐ new offering ☐ renewal (CEC assignment #_____)
☐ Conference: Number of workshops: _____ (Complete application for each workshop)

Conferences with more than 5 workshops should allow additional time for the review process. Contact the EI Training Center to work out an appropriate timeline.

D. Title of Offering: _____

E. Training Site (City or Town): _____

F. Date of Offering: _____

G. Presenters: _____

H. Number of Instructional Hours: (*Indicate field experience hours if applicable*) _____

I. Competency Indicators to Be Addressed:

List competencies and indicate where the supporting evidence is located:

Competencies Requested:

Location of Evidence in your Application:

I certify that all of the information provided with this application is accurate and complete.

Signature

Date

SECTION 2: Training Information (Required for all applicants)

A. Abstract/Overview: *Provide a brief overview of the training. Please describe how this workshop reflects applicable core values of EI. (Respect, family centeredness, individualization, community, lifelong learning, and team collaboration) An example of appropriate Abstract/Overview is information used to advertise this training.*

B. Participant Learning Outcomes: *List the expected outcomes for participants, being as clear and specific as possible. Include information about the specific knowledge and skills addressed.*

C. Methodology: Check **all** that apply.

- | | |
|---|--|
| <input type="checkbox"/> Small group interactive discussion | <input type="checkbox"/> Role play |
| <input type="checkbox"/> Large group lecture format/didactic presentation | <input type="checkbox"/> Hands-on, experiential |
| <input type="checkbox"/> Video | <input type="checkbox"/> On-line discussion |
| <input type="checkbox"/> Structured field experience (attach description; may not exceed 15% of total instructional hours): | <input type="checkbox"/> Project/assignments (attach detail) |

Other, please describe: _____

D. Required attachments:

Single Workshop/Distance Learning/Conference Applications	
Training Outline and Materials: Check all that apply: <input type="checkbox"/> Handouts <input type="checkbox"/> Slides/Overheads <input type="checkbox"/> Bibliography/Resource List <input type="checkbox"/> Other	Be sure to include any powerpoint or presentation materials and indicate where the key concepts and content are covered in this training . Be clear about how the competencies are be addressed Include books, journal articles, videos, internet resources, brochures, and other resources in the bibliography/resource list as applicable.
Agenda:	Include timeframe of instructional activities
Evaluation:	The evaluation form to be used, and/or a description of your evaluation process.
Instructor Information/Training Organizer	For each instructor; attach a resume or Instructor Profile Form (found www.eitrainingcenter.org)
Proof of Attendance	Attach a description of how attendance at each session will be verified. Participants are expected to attend the entire offering to be eligible for competencies.

Distance Learning Applicants Only	
Time:	Instructor estimation of how long it would take to complete training.
Instructor and Student Contact:	If applicable include a description of the schedule, nature and duration of contact between instructor and student; e.g. online discussion, faculty-monitored chat rooms
Completion Verified:	Describe how sessions will be verified.

SECTION 3: Training Hours and Number of Competency Allowed:

The requirements for instructional time are as follows: a **minimum** of 1.5 hours is required for a single competency indicator. Multiple indicators can be addressed in the same training, with the requirement of a minimum of 1 hour per competency indicator, as indicated in the chart below:

<u>Length of Workshop</u>	<u># of Competencies</u>
Less than 1.5 hours	0
1.5 hours	1
2 hours	2
3 hours	3
4 hours	4
Etc.	

SECTION 4: Application Timelines

Application Process Timelines	A panel of parents, Early Intervention specialists or administrators, and Early Intervention Training Center staff review applications on the following schedule:
<i>Application Deadline:</i>	<i>Notification of Assignment on or about:</i>
February 1	March 1
April 1	May 1
June 1	July 1
August 1	September 1
October 1	November 1
December 1	January 5

Send one original and three copies of your completed application package to:

Mary Beth Curley
Massachusetts Department of Public Health
250 Washington Street, 5th floor
Boston 02108

617-994-9809

**** Please note that there is no fee associated with this application process.***